Stakeholder Advisory Committee for Ohio’s Medicaid SUD 1115 Demonstration Waiver

August 9, 2021
Meeting Agenda

1. OhioMHAS Provider Standards Rules update

2. SUD 1115 Waiver amendment

3. Next steps and discussion
OhioMHAS Provider Standards Rules update

Ohio Department of Medicaid
Ohio Department of Mental Health and Addiction Services
Draft Ohio Administrative Code (OAC) changes: OhioMHAS 5122-29-09

Residential and Withdrawal Management Substance Use Disorder Services

Summary of changes based on feedback received during June SAC Meeting:

- Changed language from ‘clients’ to ‘patients’ throughout
- Added language about available telephone or in-person consultation with MD/DO, PA, NP and emergency services

Section B: Added need for nursing staff to assist with withdrawal management levels of care

Section E: Added language about initiating patients onto MAT medications
Definitions and applicability (specific to opioid treatment programs [OTPs])

- Added definition of telemedicine due to use of “telemedical” in OAC 5122-40-09 (C)
- “‘Telemedicine’ means the practice of medicine using technology to deliver care at a distance, over a telecommunications infrastructure, between a patient at an originating site and physician or other practitioner licensed to practice medicine, at a distant site”
Medication administration (specific to OTPs)

• Updated title and carried throughout. This rule is about medication administration, not medication assisted treatment as defined in Ohio Revised Code 340.01.

“(2) "Medication-assisted treatment" means alcohol and drug addiction services that are accompanied by medication approved by the United States food and drug administration for the treatment of alcoholism or drug addiction, prevention of relapse of alcoholism or drug addiction, or both.”
Medication administration (specific to OTPs)

• New section (S)

“A patient may receive medication obtained from an opioid treatment program at a community mental health services or addiction services provider certified for the residential and withdrawal management substance use disorder services as defined in Ohio Administrative Code 5122-29-09, a long-term care facility, or a skilled nursing facility while they are a resident. A temporary medication request must be submitted through the SAMHSA extranet and approved by the state authority. Medication orders must be renewed every seven days if needed. Medication approval shall be noted in the patient's record and shall include the following documentation:

- The patient's signed and dated consent for disclosing identifying information to the program which will provide services on a temporary basis; and
- A chain of custody document showing that any medication used for medication assisted treatment is transferred from medical staff of the opioid treatment program to medical staff of the partnering provider.”
Non-medication services (specific to OTPs)

• Added new section (B)

• “(B) Opioid treatment programs shall provide adequate medical, counseling, vocational, educational, employment, and other assessment and treatment services, and the program sponsor shall document that these services are fully and reasonably available to all patients.

(1) All services shall be provided at the opioid treatment program with the exception of vocational services, educational services, and employment services. All other services, such as counseling and case management, may be provided by a community mental health services or addiction services provider certified for the residential and withdrawal management substance use disorder services as defined in Ohio Administrative Code 5122-29-09 as long as the person is receiving that service. The program sponsor, at their discretion, shall enter into formal, documented agreements with private or public agencies, organizations, practitioners, or institutions to provide these services to patients enrolled in the opioid treatment program.”
Milestone 3: Use Nationally Recognized SUD Program Standards to set SUD Residential Provider Qualifications

**Timeline**

- **October 2019**: SUD 1115 Waiver approval
- **August - October 2020**: Provider Standards Targeted Workgroups
- **October 2021**: Begin implementing provider onsite review process (onsite reviews start date TBD)
- **2022**: Update policy and regulatory (rule) package for provider standards
- **October 2023**:
SUD 1115 Waiver amendment

Ohio Department of Medicaid
Notice of upcoming SUD 1115 Waiver amendment

- ODM will be requesting approval from CMS for an amendment to the 1115 waiver to prospectively adjust projections to account for increases in managed care capitation rates
  - Budget neutrality for ODM’s SUD 1115 Waiver is demonstrated using the per capita method; population is stratified into two Medicaid Eligibility Groups (MEGs): managed care and fee-for-service (FFS)
  - The basis of the original demonstration year amounts for the managed care MEG were the Medicaid Managed Care (MMC) and MyCare Ohio capitation rates that were effective July 1, 2019, and certified June 13, 2019
  - The MMC program has undergone changes that have served to materially increase the capitation rates in excess of the 4.5% PMPM cost growth rate that was assumed originally
Notice of upcoming SUD 1115 Waiver amendment (continued)

- Expenditures for the managed care MEG have increased
  - The items to which the capitation rate increases can be attributed are not directly related to SUD residential recipients and most of the services they received
  - Program changes that have resulted in material changes to the MMC capitation rates include facility fee schedule changes, population morbidity adjustments, and pharmacy dispensing fee changes

- ODM is proposing to amend the budget neutrality projects such that the projections throughout the waiver reflect the program changes noted above
  - Projected amounts for eligible members months will remain the same, as will the trend rates assumed for both eligible member months and expenditures
  - The assumed per member per month cost will be adjusted consistently with the facility fee schedule changes, morbidity, and pharmacy dispensing fee assumptions included in the calendar year 2020

Public notice and comment period will be provided as required for 1115 amendments
Next steps and discussion
Next steps and discussion

- SUD Prior Authorization (PA) form
  - Held SUD PA form training on 7/29
  - Training recording and materials are available on the BH Medicaid Training page and at the following links:
    - Presentation slides
    - Training recording
    - SUD PA Request Form
- Preparations for provider onsite reviews are ongoing
- Next Utilization Management (UM) Targeted Workgroup (TW) meeting is scheduled for tomorrow (8/10)
Thank you for joining

The SUD 1115 Waiver Public Forum will begin at 11:00 AM EST
Public Forum on Ohio’s SUD 1115 Demonstration Waiver

August 9, 2021
Meeting Agenda

1. Waiver implementation status update
2. Discussion & stakeholder feedback
Webinar instructions

If you are dialed in using a telephone, be sure to mute the sound on your computer to avoid feedback.

If you are using sound via your computer, make sure the sound is turned ON using the function keys.

All participants are muted to begin. Instructions for webinar participants to provide comments will be outlined at the end of today’s brief presentation.
Goals for today’s forum

• Provide a brief overview and status report of Ohio’s Medicaid waiver for SUD treatment services authorized in Federal law (Section 1115 of the Social Security Act)

• Seek meaningful input from any interested stakeholders regarding Ohio’s SUD services and waiver implementation

• Additional questions or comments regarding the waiver may be submitted via email to MCD_SUD1115@medicaid.ohio.gov
Meaningful stakeholder involvement

• SUD Waiver Stakeholder Advisory Committee (SAC) includes representatives of:
  o People with lived experience with substance use disorder/mental health and their family members
  o Provider agencies (varying American Society of Addiction Medicine (ASAM) levels of care, including residential providers)
  o Providers of recovery housing
  o Community partners: Alcohol, Drug, and Mental Health (ADAMH) boards; hospitals; and youth-serving agencies

• SAC meets monthly
  o Meetings open to the public
  o Meeting minutes and slides posted after every meeting
  o Visit the SAC webpage: https://bh.medicaid.ohio.gov/Provider/SUD-1115/SUD-1115-Advisory-Committee
Ohio’s SUD 1115 Waiver Goals

- Increase rates of identification, initiation, and engagement in treatment for SUD
- Increase adherence to and retention in treatment
- Reduce overdose deaths, particularly those due to opioids
- Reduce preventable or medically inappropriate use of emergency department and inpatient hospital settings for treatment by increasing access to other services
- Reduce readmissions to inpatient hospitals or higher levels of care when the readmission is preventable or medically inappropriate
- Work to improve care for pregnant women with opioid use disorder and their infants
- Improve access to care for physical health conditions among individuals with an SUD

Ohio has an opportunity to improve access to and quality of residential treatment and rebalance residential and community service capacity with the SUD 1115 waiver
### Milestone 1: Medicaid Coverage of SUD Services

**Across the ASAM Continuum:**
- Outpatient to Inpatient Hospitalization
- Medication-Assisted Treatment (MAT)

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Activities</th>
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</thead>
<tbody>
<tr>
<td>• Service measures need to based on ASAM levels of care</td>
<td>• Medicaid behavioral health (BH) benefits already meet the Centers for Medicare &amp; Medicaid Services (CMS) requirement because they include all required ASAM levels of care as of January 1, 2018, because of BH Redesign</td>
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<tr>
<td>• Services must include ASAM Levels 1.0, 2.1, 3.5 or 3.7, 4.0, and withdrawal management (WM)-3.7, as well as MAT</td>
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## Milestone 2: Assure Evidence-Based, Individualized Placement Criteria

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<tr>
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<tbody>
<tr>
<td>• Provider assessment of an individual’s treatment needs must be based on SUD specific, multi-dimensional tools, such as ASAM</td>
<td>• Collected and analyzed utilization data to inform UM policy changes</td>
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<td>• Utilization management should assure access equivalent with patient diagnosis and level of need</td>
<td>• Working with stakeholders to identify and implement changes to current UM policy</td>
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<tr>
<td>• Independent process for reviewing placement in residential treatment</td>
<td>• Developed standardized UM prior authorization (PA) form for admissions to residential treatment facilities and partial hospitalizations</td>
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<td></td>
<td>o PA form is available on the Medicaid Forms page and at the following link:</td>
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<td></td>
<td><a href="https://medicaid.ohio.gov/static/Resources/Publications/Forms/ODM10276Fillx.pdf">https://medicaid.ohio.gov/static/Resources/Publications/Forms/ODM10276Fillx.pdf</a></td>
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## Ohio

### Milestone 3: Use Nationally Recognized SUD Program Standards to set SUD Residential Provider Qualifications

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<tr>
<td>• Residential provider qualifications must meet ASAM standards re: services, hours, and staff credentials</td>
<td>• Assess the need for changes to residential treatment standards to assure ASAM compliance and MAT access (workgroups met to identify and recommend needed changes)</td>
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<tr>
<td>• State process must exist to review compliance of residential providers with ASAM standards</td>
<td>• Drafted updated state policy for residential treatment</td>
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<tr>
<td>• All residential providers must either offer MAT on-site or facilitate access off-site</td>
<td>• Plan and implement site visits for all Ohio SUD Residential Treatment providers to assess program standards and offer technical assistance as needed</td>
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## Milestone 4: Assure Provider Network Capacity for ASAM Levels of Care & MAT

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<tr>
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<tbody>
<tr>
<td>• Assess and assure adequate provider capacity for:</td>
<td>• Performed baseline data review of provider location, service array, and</td>
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<tr>
<td>o MAT</td>
<td>capacity; continue monitoring and reporting</td>
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<tr>
<td>o Outpatient</td>
<td>• Reviewed data on BH services delivered via telehealth</td>
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<tr>
<td>o Intensive outpatient</td>
<td>• Identified areas with potential OUD and MAT access issues for Medicaid</td>
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<tr>
<td>o Withdrawal management</td>
<td>beneficiaries</td>
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<tr>
<td>o Residential</td>
<td>• Incorporated access standards for ASAM levels of care into MCO agreements</td>
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<tr>
<td>o Inpatient services</td>
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<td>o Accepting new patients</td>
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## Milestone 5: Implement Treatment and Prevention for Opioid Abuse and Disorders

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<tr>
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<tbody>
<tr>
<td>• Implement state guidelines for all prescribers</td>
<td>• Continue to expand use of electronic health records and prescription dispensing</td>
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<td>• Expand coverage of &amp; access to naloxone</td>
<td>• Correlate long term opioid use to clinician prescribing</td>
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<td>• Increase utilization of Prescription Drug Monitoring Programs (In Ohio this is the Prescription Reporting System-OARRS)</td>
<td>• Working with Ohio Board of Pharmacy to expand use of OARRS tool among BH providers</td>
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<td>o Includes health information technology requirements dedicated to improving OARRS</td>
<td>• Expand data collected in the Ohio OARRS</td>
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<td>o Flag individuals in drug court programs</td>
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<td>o Fatal and nonfatal overdoses</td>
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<td></td>
<td>o Utilization of naltrexone</td>
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<td>• Enforce standards for inappropriate overprescribing &amp; prescribing outside of accepted guidelines</td>
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**Milestone 6: Improve Care Coordination and Transitions Between Levels of Care**

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<tr>
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<tr>
<td>• Implement policies to ensure residential &amp; inpatient facilities link individuals with community-based services upon discharge</td>
<td>• Continue Targeted Case Management (TCM), which includes care coordination activities</td>
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<tr>
<td>• Add policies to ensure coordination of care for individuals with SUDs &amp; co-occurring physical &amp; mental health conditions</td>
<td>• Identify opportunities to enhance care coordination:</td>
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<td>o Review and analyze Medicaid claims data</td>
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<td>o Use data analysis to develop care coordination models specific for highest need target populations</td>
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<td>o Implement care coordination for identified target populations</td>
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Stay informed about Ohio’s SUD 1115 Waiver

• Next SAC meeting: October 4, 2021
  o Register here:
    https://register.gotowebinar.com/rt/2454628234498996236

• For more information on the SAC, please visit:
  https://bh.medicaid.ohio.gov/Provider/SUD-1115/SUD-1115-Advisory-Committee

• For more information on the SUD 1115 Waiver, please visit:
  https://bh.medicaid.ohio.gov/Provider/SUD-1115
Open floor for stakeholder comments

• One speaker at a time
  o You will be called on and unmuted

• We received 3 requests for comment
  o Once scheduled speakers have finished, others may comment
  o Please raise your hand and we will unmute your microphone
  o See control panel images on next slide
GoToWebinar control panel

Note the microphone and hand-raise icons

Microphone muting and un-muting

Raise your hand to be called on if you wish to make a comment after registered speakers have finished

When called on, your microphone will be unmuted